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William F. Carr

wcarr@hollandhart.com

March 6, 2003

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: SURFACE OWNERS AND LEASEHOLD OPERATORS WITHIN 1/2 MILE OF EACH PROPOSED INJECTION WELL IN THE EAST HOBBS (SAN ANDRES) UNIT AREA.**

Re: Application of EnerQuest Resources, LLC for approval of a waterflood project, and for qualification of the project for the Recovered Oil Tax Rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.

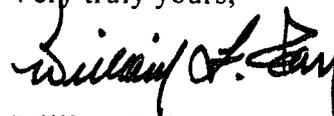
Ladies and Gentlemen:

Enclosed is a copy of the application of EnerQuest Resources, LLC (Oil Conservation Division Form C-108) in the above-referenced case for approval of a waterflood project in the proposed East Hobbs (San Andres) Unit Area. Water will be injected into the unitized interval of the San Andres and Grayburg formations and the waterflood project will be expanded as additional injection wells are added until it includes the entire Unit Area as fully described in the application.

This application has been set for hearing before a Division Examiner on March 27, 2003. You are not required to attend this hearing, but as an owner of the surface of the land upon which the injection well will be located, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement three days in advance of a scheduled hearing at the Oil Conservation Division's Santa Fe Office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,



William F. Carr

Attorney for EnerQuest Resources, LLC

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)

OFFICIAL U.S. MAIL

WFC Postage	\$ 1.52
Enerquest	2.30
WFP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.57



Sent To  
Garnice Land  
4707 E. Bronc Road  
Hobbs, NM 88240

PS Form 3800, Jan 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Garnice Land  
4707 E. Bronc Road  
Hobbs, NM 88240

2. Article Number (Copy for)

7001 1140 0002 5601 5300

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Garnice Land B. Date of Delivery 3-7-99

C. Signature X GARNICE LAND  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)

OFFICIAL U.S. MAIL

WFC Postage	\$ 1.52
Enerquest	2.30
WFP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.57



Sent To  
Leslie Gassaway  
216 W. Apache  
Hobbs, NM 88240

PS Form 3800, January 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leslie Gassaway  
216 W. Apache  
Hobbs, NM 88240

2. Article Number (Copy for)

7001 1140 0002 5601 5324

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) Reggie L. Gassaway B. Date of Delivery 07-08-03

C. Signature X Reggie L. Gassaway  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage)

OFFICIAL U.S. MAIL

WFC Postage	\$ 1.52
Enerquest	2.30
WFP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.57



Sent To  
W. L. Gassaway dba  
Blue Quail Mobile Home Park  
714 Blue Quail Lane  
Hobbs, NM 88240

PS Form 3800, Jan 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

W. L. Gassaway dba  
Blue Quail Mobile Home Park  
714 Blue Quail Lane  
Hobbs, NM 88240

2. Article Number (Copy for)

7001 1140 0002 5601 5331

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) W. L. Gassaway B. Date of Delivery 3-07

C. Signature X W. L. Gassaway  Agent  Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

OFFICIAL U.S. MAIL

Postage	\$ 1.52
WFP Energquest Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



**Sent To**  
 GPM  
 P. O. Box 358  
 Borger, TX 79008

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GPM  
 P. O. Box 358  
 Borger, TX 79008 **359**

2. Article Number (Copy fr

7001 1140 0002 5601 5249

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Larry Haston  
 4211 E. Sanger  
 Hobbs, NM 88240

2. Article Number (Copy fr

7001 1140 0002 5601 5362

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Holdridge Family Trust  
 4211 E. Seminole Highway  
 Hobbs, NM 88240

2. Article Number (Copy from serv

7001 1140 0002 5601 5256

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Debbie Cook** B. Date of Delivery **3-8-03**

C. Signature **X Debbie Cook**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

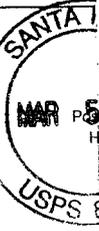
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

OFFICIAL U.S. MAIL

Postage	\$ 1.52
WFP Energquest Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



**Sent To**  
 Larry Haston  
 4211 E. Sanger  
 Hobbs, NM 88240

PS Form 3800, July 1999

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Larry Haston  
 4211 E. Sanger  
 Hobbs, NM 88240

2. Article Number (Copy fr

7001 1140 0002 5601 5362

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Larry Haston** B. Date of Delivery

C. Signature **X Kathy Haston**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

OFFICIAL U.S. MAIL

Postage	\$ 1.52
WFP Energquest Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



**Sent To**  
 Holdridge Family Trust  
 4211 E. Seminole Highway  
 Hobbs, NM 88240

PS Form 3800, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Holdridge Family Trust  
 4211 E. Seminole Highway  
 Hobbs, NM 88240

2. Article Number (Copy from serv

7001 1140 0002 5601 5256

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Bennetta W Holdridge** B. Date of Delivery **3/7/03**

C. Signature **X Bennetta W Holdridge**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

WFC Postage	\$ 1.52
Energquest Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>

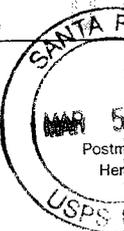


**Sent To** Michael W. & Jamie Holdridge  
 Street, Apt. No., or PO Box No. 1823 N. Waylon Drive  
 City, State, ZIP+ 4 Hobbs, NM 88240

PS Form 3800, Ja

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

WFC Postage	\$ 1.52
Energquest Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



**Sent To** William F. Krafft Trust  
 Street, Apt. No., or PO Box No. 1323 Steven Drive  
 City, State, ZIP+ 4 Hobbs, NM 88240

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William F. Krafft Trust  
 1323 Steven Drive  
 Hobbs, NM 88240

2. Article Number (Copy from serv) 7001 1140 0002 5601 5379

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

3-14-03

C. Signature X *Joan Krafft*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

WFC Postage	\$ 1.52
Energquest Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



**Sent To** J. C. McCoy  
 Street, Apt. No., or PO Box No. 1830 Chama  
 City, State, ZIP+ 4 Hobbs, NM 88240

PS Form 3800

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

WFC Postage	\$ 1.52
Enerquest	
WFC Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



Sent To  
 T. E. Mears  
 Street, Apt. No., or PO Box No. 2716 Cedar Park  
 Ft. Worth, TX 76118  
 City, State, ZIP+ 4

PS Form 3800, July 1999

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC Postage	\$ 1.52
Enerquest	
WFC Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>

Sent To  
 Oil Conservation Division  
 Street, Apt. No., or PO Box No. 1625 N. French Drive  
 City, State, ZIP+ 4 Hobbs, NM 88240

PS Form 3800, January 2001 See Reverse

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

WFC Postage	\$ 1.52
Enerquest	
WFC Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>

Sent To  
 Terry Lee Owen  
 Street, Apt. No., or PO Box No. Blue Quail Lane #700  
 City, State, ZIP+ Hobbs, NM 88240

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oil Conservation Division  
 District 1  
 1625 N. French Drive  
 Hobbs, NM 88240

2. Article Number (Copy from service label)

7001 1140 0002 5601 5416

PS Form 3811, July 1999

Domestic Return Receipt

102595

item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Terry Lee Owen  
 Blue Quail Lane #700  
 Hobbs, NM 88240

2. Article Number (Copy from service label)

7001 1140 0002 5601 5348

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery  
 3 20 01

C. Signature  
 X [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Vera Owen  
 C. Signature  
 X [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

WFC Postage	\$ 1.52
Enerquest	2.30
WFP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



Sent To **Leah A. Pierce & Rob L. Holdridge**  
1925 N. Waylon  
Hobbs, NM 88240

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Leah A. Pierce & Rob L. Holdridge**  
1925 N. Waylon  
Hobbs, NM 88240

2. Article Number (Copy fr **7001 1140 0002 5601 5270**)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Thomas Pierce & Leah A. Pierce**  
1925 N. Waylon  
Hobbs, NM 88240

2. Article Number (Copy from s **7001 1140 0002 5601 5287**)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Roberson Farms, LLC**  
3305 N. Grimes  
Hobbs, NM 88240

2. Article Number (Copy from service i **7001 1140 0002 5601 5225**)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X [Signature]**

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly)

C. Signature **X [Signature]**

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly)

C. Signature **X [Signature]**

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

WFC Postage	\$ 1.52
Enerquest	2.30
WFP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



Sent To **Thomas Pierce & Leah A. Pierce**  
1925 N. Waylon  
Hobbs, NM 88240

PS Form 3800

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

OFFICIAL

WFC Postage	\$ 1.52
Enerquest	2.30
WFP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>



Sent To **Roberson Farms, LLC**  
3305 N. Grimes  
Hobbs, NM 88240

PS Form 3800

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

WFC Postage	\$ 1.52
Energquest Certified Fee	2.30
WPP Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.57



Sent To  
 Jimmy D. Roberts  
 P. O. Box 1857  
 Hobbs, NM 88241

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Jimmy D. Roberts  
 P. O. Box 1857  
 Hobbs, NM 88241

2. Article Number (Copy from)

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Joyce Roberts** B. Date of Delivery **3-10-03**  
 C. Signature *Joyce Roberts*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

WFC Postage	\$ 1.52
Energquest Certified Fee	2.30
WPP Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.57



Sent To  
 Lilly Mae Roberts  
 P. O. Box 2216  
 Hobbs, NM 88241

PS Form 3800, July 1999

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Lilly Mae Roberts  
 P. O. Box 2216  
 Hobbs, NM 88241

2. Article Number (Copy from)

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **LILLY MAE ROBERTS** B. Date of Delivery **3-10-03**  
 C. Signature *Lilly Mae Roberts*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

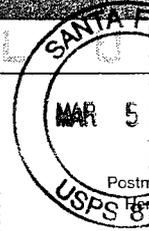
**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL**

WFC Postage	\$ 1.52
Energquest	2.30
WPP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>

Sent To State of New Mexico  
 Lessee: Gary M. Schubert  
 Street, Apt. No.; or PO Box No. 1814 N. Vega  
 City, State, ZIP+ 4 Hobbs, NM 88240

PS Form 3800, July 1999



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State of New Mexico  
 Lessee: Gary M. Schubert  
 1814 N. Vega  
 Hobbs, NM 88240

2. Article Number (Copy from service label)

7001 1140 0002 5601 5393

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) GAIL JARKER B. Date of Delivery 3-10-03  
 C. Signature [Signature]  Agent  Address  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

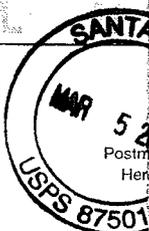
**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL**

WFC Postage	\$ 1.52
Energquest	2.30
WPP Certified Fee	1.75
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.57</b>

Sent To Guy L. Williams  
 Street, Apt. No. or PO Box No. 420 W. Gold  
 City, State, ZIP+ 4 Hobbs, NM 88240

PS Form 3800, July 1999



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Guy L. Williams  
 420 W. Gold  
 Hobbs, NM 88240

2. Article Number (Copy from service label)

7001 1140 0002 5601 5355

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 3-7-03  
 C. Signature [Signature]  Agent  Address  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes